Schedule E)			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
			O title
Check if 24-hour report X 48-hour re	eport New rep	ort X Amends repo	ort filed on 10 / 10 / 2014
Full Name of Payee COMMITTEE ON LETTER CA	RRIERS POLITIC	AL EDUCATION	Date of Public Distribution/Dissemination  10 08 2014
Mailing Address 100 Indiana Avenue, N.W.	1.		Amount 08 2014
City	State	Zip Code	143.85
Washington	DC	20001	Transaction ID : D547587  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10 08 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
ALISON LUNDERGAN GRIMES		Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		52054.74	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee COMMITTEE ON LETTER CA	RRIERS POLITIC	AL EDUCATION	Date of Public Distribution/Dissemination
Mailing Address 100 Indiana Avenue N			10 08 2014
Malling Address 100 Indiana Avenue, N	.W.		Amount
City	State	Zip Code	2118.49
Washington	DC	20001	Transaction ID : D547591  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10 / 08 / 2014
Name of Federal Candidate		X Support	Office Sought: House District: 00
MARK BEGICH		Oppose	President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		25423.50	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
C OUR TOTAL of Henrical Independent F	19		
(a) SUBTOTAL of Itemized Independent E.	xpenaitures		2262.34
(b) SUBTOTAL of Unitemized Independent	Expenditures		. •
(c) TOTAL Independent Expenditures			
. , , , , ,	ny candidate or authorized	•	not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	e 10 17 2014
Signature			

Schedule E)	DENT EXTEND	TIONES	PAGE 2 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour repo	rt New rep	port X Amends repo	ort filed on 10 10 2014
Full Name of Payee COMMITTEE ON LETTER CAR	RIERS POLITIC	AL EDUCATION	Date of Public Distribution/Dissemination  10 08 2014
Mailing Address 100 Indiana Avenue, N.W.			Amount
City	State	Zip Code	143.85
Washington	DC	20001	Transaction ID : D547592 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
MITCH MCCONNELL		X Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	,,,,	52054.74	Disbursement For:  Primary  General 2014  Gther (specify) ▶
Full Name of Payee COMMITTEE ON LETTER CARI	RIERS POLITICA	AL EDUCATION	Date of Public Distribution/Dissemination
			10 08 2014
Mailing Address 100 Indiana Avenue, N.W			Amount
City	State	Zip Code	1020.56
Washington	DC	20001	Transaction ID : D547593  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10 08 7 2014
Name of Federal Candidate		X Support	Office Sought: House District: 00
MARK E UDALL		Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		30826.70	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		▶ 1164.41
			7 7 7
(b) SUBTOTAL of Unitemized Independent E	xpenditures		· •
(c) TOTAL Independent Expenditures			•
	candidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	9 10 17 2014
Signaturo			

Schedule E)	PAGE 3 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report X Amends re	eport filed on 10 10 2014
Full Name of Payee  Mosaic	Date of Public Distribution/Dissemination
Mailing Address 4801 Viewpoint Place	10 08 2014 Amount
000	510.00
City State Zip Code Cheverly MD 20781	540.00  Transaction ID : D549870  Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 0	04 10 08 2014
Name of Federal Candidate Support	t Office Sought: House District: 00
ALISON LUNDERGAN GRIMES Oppose	
Calendar Year-To-Date Per Election for Office Sought 52054.74	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee UNITE HERE Local 24	Date of Public Distribution/Dissemination
Mailing Address 300 River Place Drive Suite 2700	10 08 2014 Amount
City State Zip Code	25.84
Detroit MI 48207	Transaction ID : D547595  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 00	01
Name of Federal Candidate Suppor	t Office Sought: House District: 00
TERRI LYNN LAND Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 74474.06	Disbursement For:  Primary  General 2014  Gther (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	> 565.84
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or ager party committee) any political party committee or its agent.	
	Date 10 17 2014
Signature	

Schedule E)	101120	PAGE 4 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New report	ort X Amends report filed	d on 10 / 10 / 2014
Full Name of Payee UNITE HERE Local 24		Date of Public Distribution/Dissemination
Mailing Address 300 River Place Drive Suite 2700		10 08 2014 Amount
City State	Zip Code	25.84
Detroit MI	48207	Transaction ID : D547596 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
GARY PETERS	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	74474.06 Disb 2014	ursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Alaska AFL-CIO		10 08 2014
Mailing Address 3333 Denali Street, Suite #125		
		Amount
City State	Zip Code	1200.00
Anchorage AK	99503	Transaction ID : D548182  Date of Disbursement or Obligation
Purpose of Expenditure Fliers	Category/ Type 004	10 / 08 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
MARK BEGICH	Oppose	President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	25423.50 Disk 201	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	1225.84
(b) SUBTOTAL of Unitemized Independent Expenditures	····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	. 11 17:1 17	10 17 2014
Signature		

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC II	DENTIFICATION NUMBER ▼
۷۱	/orkers' Voice	С	C00484287
Che	eck if 24-hour report X 48-hour report New report X Amends report filed o	on 10	10 2014
	Full Name of Payee Voices of the American Fodoration of Government Employees	Date of Publi	ic Distribution/Dissemination
	Voices of the American Federation of Government Employees	10	08 2014
	Mailing Address 80 F Street, NW	Amount	
ı	City State Zip Code		194.77
١			ID: D547601 ursement or Obligation
	Purpose of Expenditure Inkind Staff Travel  Category/ Type  002	10	/ 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office 9	Sought:	House District: 00
	MARK E LIDALI		Senate State: CO
	Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	sement For:	Primary
	Voices of the American Federation of Government Employees  Mailing Address 80 F Street, NW	Date of Publ	ic Distribution/Dissemination
ı	City State Zip Code	· · · ·	122.70
١	Washington DC 20001 T	ransaction I	D : D547602
	Purpose of Expenditure Inkind Staff Travel Category/ Type 002	Date of Disb	ursement or Obligation  / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
١	Name of Federal Candidate Support Office	Sought:	House District:00
	ALISON LUNDERGAN GRIMES Oppose	President [	Senate State: KY
	Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	sement For: Other (s	Primary ⊠ General
	(a) SUBTOTAL of Itemized Independent Expenditures		317.47
(	(b) SUBTOTAL of Unitemized Independent Expenditures		7
	(c) TOTAL Independent Expenditures		4
١	Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.		
	Ms. Elizabeth H Shuler  [Electronically Filed] Date  Ms. Elizabeth H Shuler  [Electronically Filed] Date	M / D D D	2014
	Oignaturo		_

PAGE

OF

27

Schedule E)	INDENT EXICIO	HONES	PAGE 6 FOR SE OF	OF 27 FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	ON NUMBER ▼
Workers' Voice			C C00484287	
Check if 24-hour report X 48-hour re	port New rep	oort X Amends repo	t filed on 10 10	2014
Full Name of Payee Voices of the American Fede	ration of Governr	nent Employees	Date of Public Distribution/	Y Y Y Y Y
Mailing Address 80 F Street, NW			10 08 Amount	2014
Oit.	Chaha	7:- 0		4500.45
City Washington	State DC	Zip Code 20001	Transaction ID : D547603 Date of Disbursement or C	1506.45
Purpose of Expenditure InKind Staff		Category/ Type 001	10 / 08 /	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
MARK BEGICH		Oppose	President Senate	State: AK
Calendar Year-To-Date Per Election for Office Sought		25423.50	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee Voices of the American Federa	tion of Governmer	nt Employees	Date of Public Distribution/	Dissemination
Mailing Address 80 F Street, NW			10	2014
City	State	Zip Code		167.04
Washington	DC	20001	Transaction ID : D547604  Date of Disbursement or C	Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10 / 08 /	2014
Name of Federal Candidate		X Support	Office Sought: House	District: 00
MARK E UDALL		Oppose	President X Senate	State: CO
Calendar Year-To-Date Per Election for Office Sought		30826.70	Disbursement For:  Primary 2014  Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Ex	rpenditures		<b>•</b>	1673.49
(b) SUBTOTAL of Unitemized Independent	Expenditures		•	
			4 4	
(c) TOTAL Independent Expenditures			<b>)</b>	
Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party committee	y candidate or authorized			
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	M M / D D / Y Y Y 10 10 17 201	4
Signature				

Schedule E)	PAGE 7 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report X Amends report filed	d on 10 10 2014
Full Name of Payee Voices of the American Federation of Government Employees	Date of Public Distribution/Dissemination
Mailing Address 80 F Street, NW	10 08 2014 Amount
City State Zip Code	122.70
Washington DC 20001	Transaction ID : D547609  Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel  Category/ Type 002	10 08 7 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
MITCH MCCONNELL Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary
Full Name of Payee Voices of the American Federation of Government Employees  Mailing Address 80 F Street, NW	Date of Public Distribution/Dissemination  10 08 2014  Amount
City State Zip Code	93.57
Washington DC 20001	Transaction ID : D547610  Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel  Category/ Type  002	10 / 08 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
MARK E UDALL Oppose	President State: CO
Calendar Year-To-Date Per Election for Office Sought  Disk 201	ursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	216.27
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
[Electronically Filed] Date	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	LINDLIN'I LAI LIND	ITOTILO		PAGE 8 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
Check if 24-hour report X 48-hour r	report New rep	ort X Amends repo	rt filed on 10	10 / 2014
Full Name of Payee Voices of the American Fed	eration of Governr	nent Employees	M = M /	Distribution/Dissemination
Mailing Address 80 F Street, NW			Amount	08 2014
City	Ctata	7in Code		64.07
City Washington	State DC	Zip Code 20001	Transaction I	D: D547614 Irsement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10 July 10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
GARY PETERS		Oppose		Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	,,	74474.06	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Voices of the American Feder	ation of Governmen	t Employees	Date of Public	c Distribution/Dissemination
Mailing Address 80 F Street, NW			Amount	08 2014
City	State	Zip Code		0.53
Washington	DC	20001	Transaction II  Date of Disbu	D: D547616 ursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
CORY GARDNER		Oppose		Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	, ,	30826.70	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent E	Expenditures		·	62.40
(b) SUBTOTAL of Unitemized Independer	nt Expenditures		•	7 7
			4	7
(c) TOTAL Independent Expenditures			<b>)</b>	7
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	10 17	2014
Signature				

Schedule E)	INI EXI EN	DITORLO	PAGE 9 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	New r	eport X Amends repor	filed on 10 / 10 / 2014
Full Name of Payee Voices of the American Federation	on of Govern	nment Employees	Date of Public Distribution/Dissemination  10 08 2014
Mailing Address 80 F Street, NW			10 08 2014 Amount
City	State	Zip Code	61.87
Washington	DC	20001	Transaction ID : D547622 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10 / 08 / Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
TERRI LYNN LAND		X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought			Disbursement For:  Primary
Full Name of Payee AFSCME Special Account			Date of Public Distribution/Dissemination
			10 / 08 / Y Y Y Y
Mailing Address 1625 L Street, NW			Amount
City	State	Zip Code	38.03
Washington	DC	20036	Transaction ID : D547627  Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	M 10
Name of Federal Candidate		X Support	Office Sought: House District: 00
MARK BEGICH		Oppose	President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		25423.50	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures		99.90
,			
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authoriz		
Ms. Elizabeth H Shuler	[Electr	conically Filed] Date	10 17 2014
Signature			

Schedule E)	IVI EXI EIVE	TI ONES	PAGE 10 OF FOR SE OF FORM 24	27 1/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUME	BER ▼
Workers' Voice			C C00484287	
Check if 24-hour report X 48-hour report	New re	port X Amends repo	rt filed on 10 10 2014	
Full Name of Payee			Date of Public Distribution/Dissemina	ation
AFL-CIO			10 D D / Y Y 2014	
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code	1	9.69
Washington	DC	20006	Transaction ID : D547642  Date of Disbursement or Obligation	
Purpose of Expenditure Walk Packets		Category/ Type 004	10 08 7 201	
Name of Federal Candidate		X Support	Office Sought: House District: _	00
MARK BEGICH		Oppose	President Senate State:	AK
Calendar Year-To-Date Per Election for Office Sought	7	25423.50	Disbursement For: Primary	eneral
Full Name of Payee			Date of Public Distribution/Dissemina	ation
AFL-CIO			10 D D / Y Y Y 201	4 Y
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code	3	.07
Washington	DC	20006	Transaction ID : D547643  Date of Disbursement or Obligation	
Purpose of Expenditure Walk Packets		Category/ Type 004	10 / 08 / Y 201	4
Name of Federal Candidate		Support	Office Sought: House District: _	00
MITCH MCCONNELL		X Oppose	President Senate State: _	KY
Calendar Year-To-Date Per Election for Office Sought		52054.74	Disbursement For:  Primary  3014	eneral
(a) SUBTOTAL of Itemized Independent Expenditu	ures		22.7	6
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· -	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize			
Ms. Elizabeth H Shuler Signature	[Electro	nically Filed] Date	10 17 2014	
Olynatule				

Schedule E)	ENT EXILE	BITOTILO		AGE 11 OF 27 DR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Workers' Voice			C cod	0484287
Check if 24-hour report X 48-hour report	New re	eport X Amends repo	rt filed on 10	10 / 2014
Full Name of Payee			Date of Public Di	istribution/Dissemination
AFL-CIO			10	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		19.69
Washington	DC	20006	Transaction ID : Date of Disburse	D547644 ement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	10 /	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
MARK E UDALL		Oppose	President X	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		30826.70	Disbursement For:  2014  Other (specif	Primary
Full Name of Payee			Date of Public D	istribution/Dissemination
AFL-CIO			10 /	08 / 2014
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		3.07
Washington	DC	20006	Transaction ID : I Date of Disburse	D547648 ement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	10	08 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
ALISON LUNDERGAN GRIMES		Oppose	President X	Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		52054.74	Disbursement For: 2014 Other (speci	Primary X General fy) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures			22.76
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
(b) COBTOTAL OF CHICAMIZED INDOPENDENT EXPO			·	49-
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or	didate or authoriz			
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	M = M / D = D / 17	2014
Signaturo				

Schedule E)	VI EXI EIVE	TOTILO	PAGE FOR S	12 OF 27 E OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFIC	CATION NUMBER ▼
Workers' Voice			C C00484	287
Check if 24-hour report X 48-hour report	New rep	port X Amends repo	rt filed on 10 10	2014
Full Name of Payee			Date of Public Distrib	ution/Dissemination
AFL-CIO			10 / 08	2014
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		39.05
Washington	DC	20006	Transaction ID : D54  Date of Disbursement	
Purpose of Expenditure Walk Packets		Category/ Type 004	10 08	
Name of Federal Candidate		X Support	Office Sought: Hous	e District: 00
GARY PETERS		Oppose	President Sena	
Calendar Year-To-Date Per Election for Office Sought	, , , ,	74474.06	Disbursement For: Pri 2014 Other (specify) ▶	mary X General
Full Name of Payee			Date of Public Distrib	ution/Dissemination
AFL-CIO			10 / 08	2014
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		39.05
Washington	DC	20006	Transaction ID : D547 Date of Disbursemen	
Purpose of Expenditure Walk Packets		Category/ Type 004	10 / 08	
Name of Federal Candidate		Support	Office Sought: Hous	e District: 00
TERRI LYNN LAND		X Oppose	President Sena	
Calendar Year-To-Date Per Election for Office Sought	77	74474.06	Disbursement For: Pri 2014 Other (specify) ▶	mary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			78.10
			7	7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		<b>•</b>	4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7 1 5
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorize			
Ms. Elizabeth H Shuler Signature	[Electro	nically Filed] Date	10 17 Y	2014
Olynature				

Schedule E)	XI LIIDII OIL		PAGE 13 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	New report	Amends report fi	led on 10 10 2014
Full Name of Payee AFT Solidarity 527			Date of Public Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.W.			10 08 2014 Amount
City Sta Washington Do		e	270.30 Transaction ID : D547653
Purpose of Expenditure InKind Staff	Catego	ory/ /pe 001	Date of Disbursement or Obligation  10 08 2014
Name of Federal Candidate TERRI LYNN LAND		<u>_</u>	ffice Sought: House District: 00
Calendar Year-To-Date Per Election for Office Sought	74474.0		sbursement For: Primary General
Full Name of Payee AFT Solidarity 527			Other (specify) ▶  Date of Public Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.W.			10 08 2014 Amount
City Sta Washington D		le	Transaction ID : D547660 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Catego T	ory/ /pe 001	10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate GARY PETERS		Support Of Oppose	ffice Sought: House District: 00  President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7447		isbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			540.60
(b) SUBTOTAL of Unitemized Independent Expenditures.		······	
(c) TOTAL Independent Expenditures		······	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized commit		
Ms. Elizabeth H Shuler Signature	[Electronically File	ed] Date	10 17 2014

Schedule E)	DENT EXICIO	TIONES	PAGE 14 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	nrt New rep	port X Amends repo	rt filed on 10 10 2014
Full Name of Payee COMMUNICATIONS WORKERS	S OF AMERICA	WORKING VOIC	Date of Public Distribution/Dissemination  10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 501 3RD STREET, NW			Amount
City	State	Zip Code	225.25
Washington	DC	20001	Transaction ID : D547665  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10
Name of Federal Candidate		Support	Office Sought: House District: 00
MARK BEGICH		Oppose	President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	,,,,	25423.50	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee UFCW Int'l Union Working Famil	ies Advocacy Pro	oject	Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW	•		10 08 2014 Amount
			, undure
City	State	Zip Code	301.01
Washington	DC	20006-1598	Transaction ID : D547666  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10 / 08 / 2014
Name of Federal Candidate		X Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		74474.06	Disbursement For: ☐ Primary ☐ General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures		526.26
#X-11			
(b) SUBTOTAL of Unitemized Independent E	xpenditures		<b>•</b>
(c) TOTAL Independent Expenditures			•
	candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	NDENT EXTEN	JII OI LO	PAGE 15 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour rep	ort New re	port X Amends repo	rt filed on 10 10 2014
Full Name of Payee UFCW Int'l Union Working Fa	milies Advocacy	/ Project	Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW			Amount
City	State	Zip Code	301.01
Washington	DC	20006-1598	Transaction ID : D547668  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
TERRI LYNN LAND		X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		74474.06	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee UFCW Int'l Union Working Fami	ilies Advocacy Pr	oject	Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW			10 08 2014 Amount
City	State	Zip Code	41.64
Washington	DC	20006-1598	Transaction ID : D547669  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10 08 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
MITCH MCCONNELL		X Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		52054.74	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	penditures		342.65
(b) SUBTOTAL of Unitemized Independent I	Expenditures		
			4 4
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.g. iatai S			

Schedule E)	NOENT EXILI	DITORILO	PAGE 16 C FOR SE OF FOR	OF 27 RM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION N	IUMBER ▼
Workers' Voice			C C00484287	
Check if 24-hour report X 48-hour rep	port New r	eport X Amends repo	t filed on 10 10	2014
Full Name of Payee UFCW Int'l Union Working Fa	milies Advocac	y Project	Date of Public Distribution/Disso	emination 2014
Mailing Address 1775 K Street, NW			Amount	2014
City	State	Zip Code		41.64
Washington	DC	20006-1598	Transaction ID : D547672 Date of Disbursement or Obliga	
Purpose of Expenditure InKind Staff		Category/ Type 001		2014
Name of Federal Candidate		X Support	Office Sought: House Distri	ict: 00
ALISON LUNDERGAN GRIMES		Oppose		te: KY
Calendar Year-To-Date Per Election for Office Sought		52054.74	Disbursement For: Primary 2014 Other (specify) ▶	K General
Full Name of Payee			Date of Public Distribution/Diss	emination
Metro Detroit AFL-CIO General	runa		M M / D D / Y	2014
Mailing Address 600 W Lafayette, Suite 2	200		Amount	
City	State	Zip Code		35.48
Detroit	MI	48226	Transaction ID : D547678  Date of Disbursement or Obliga	ation
Purpose of Expenditure InKind Staff		Category/ Type 001	10 / D D / Y	2014
Name of Federal Candidate		X Support	Office Sought: House Distr	ict:00
GARY PETERS		Oppose	President Senate Sta	nte: MI
Calendar Year-To-Date Per Election for Office Sought	,	74474.06	Disbursement For:  Primary 2014 Other (specify) ▶	K General
(a) SUBTOTAL of Itemized Independent Ex	penditures			77.12
			7 7	
(b) SUBTOTAL of Unitemized Independent	Expenditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authoriz			
Ms. Elizabeth H Shuler Signature	[Electr	onically Filed] Date	10 17 7 2014	Y
<del>-</del> · <del>-</del> · <del>-</del> · - · - · · -				

Sch	nedule E)	LIVI EXI LIVE	TI OTILO		PAGE 17 OF 27 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	orkers' Voice				C C00484287
Chec	ck if 24-hour report X 48-hour report	New rep	port X Amends repo	ort filed on	10 10 2014
	Full Name of Payee Metro Detroit AFL-CIO General	Fund			of Public Distribution/Dissemination
N	Mailing Address 600 W Lafayette, Suite 200			Amou	10 08 2014 nt
	City	State	Zip Code	— r	35.48
- 1	Detroit	MI	48226		action ID : D547681  of Disbursement or Obligation
	Purpose of Expenditure InKind Staff		Category/ Type 001	М	10 08 / 2014
1	Name of Federal Candidate		Support	Office Sough	t: House District: 00
	TERRI LYNN LAND		X Oppose	Preside	M
	Calendar Year-To-Date Per Election for Office Sought		74474.06	Disbursemen 2014 O	t For:
	Full Name of Payee Colorado AFL-CIO L2K  Mailing Address 140 Sheridan Blvd				of Public Distribution/Dissemination  10
			7. 0.1		007.40
(	City Denver	State CO	Zip Code 80226		237.12 ction ID : D547683 of Disbursement or Obligation
	Purpose of Expenditure InKind Staff		Category/ Type 001		10 08 2014
Ī	Name of Federal Candidate		X Support	Office Sough	t: House District:00
	MARK E UDALL		Oppose	Preside	,
	Calendar Year-To-Date Per Election for Office Sought		30826.70	Disbursemen 2014	t For:
(а	a) SUBTOTAL of Itemized Independent Expendent	ditures		<b>.</b>	272.60
(b	o) SUBTOTAL of Unitemized Independent Expo	enditures		· ·	7 7 7
(с	e) TOTAL Independent Expenditures			· ·	7 1 7 1 7
wi	nder penalty of perjury I certify that the indep ith, or at the request or suggestion of, any car arty committee) any political party committee o	ndidate or authorized			
	Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	10	17 2014
	Signature				

Schedule E)	511 <b>L</b> 5	PAGE 18 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New report	X Amends report file	ed on 10 10 2014
Full Name of Payee Retail, Wholesale and Department Store Union International	Treasury Account	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 30 E29th St.		Amount
City State Zip	p Code	68.16
•	0016	Transaction ID : D547688 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	10 08 2014
Name of Federal Candidate	X Support Offi	ice Sought: House District:00
GARY PETERS	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 744	Dis 201	bursement For:  Primary  General  4  Other (specify) ▶
Full Name of Payee Retail, Wholesale and Department Store Union Internationa	I Treasury Account	Date of Public Distribution/Dissemination    Date of Public Distribution/Dissemination
Mailing Address 30 E29th St.		Amount
City State Zi	p Code	68.16
	0016	Transaction ID : D547690  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	10 08 2014
Name of Federal Candidate	Support Off	ice Sought: House District:00
TERRI LYNN LAND	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	74474.06 Dis 20°	sbursement For: Primary X General 14 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	136.32
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures repwith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronical Signature	lly Filed] Date	10 17 2014

Schedule E)	PAGE 19 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report X Amends report	rt filed on 10 10 2014
Full Name of Payee Rocky Mountain Voter Outreach, LLC	Date of Public Distribution/Dissemination
	10 08 7 2014
Mailing Address 899 Logan Street, Suite 300	Amount
City State Zip Code	563.20
Denver CO 80203	Transaction ID : D547694  Date of Disbursement or Obligation
Purpose of Expenditure Canvassers  Category/ Type 001	10 08 Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
MARK E UDALL Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 30826.70	Disbursement For: Primary General
Per Election for Office Sought	Other (specify)
Full Name of Payee NCFO/SEIU 32BJ	Date of Public Distribution/Dissemination
Molling Address	10 08 2014
1212 50017140	Amount
Floor F&O  City State Zip Code	55.03
Ashland KY 41101-2696	Transaction ID : D547695  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	10 D D Z 2014
Name of Federal Candidate Support	Office Sought: House District: 00
ALISON LUNDERGAN GRIMES Oppose	President X Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:  Primary  General 2014  General Other (specify) ▶
•	
(a) SUBTOTAL of Itemized Independent Expenditures	618.23
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein were rewith, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	10 17 2014
Signature	

Schedule E)	ENDENT EXTEND	TOTILO		PAGE 20 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 48-hour	report New report	ort X Amends repo	rt filed on 10	10 / 2014
Full Name of Payee NCFO/SEIU 32BJ			M = M /	Distribution/Dissemination
Mailing Address 1212 Bath Ave			Amount	08 2014
Floor F&O				
City	State	Zip Code		55.03
Ashland	KY	41101-2696	Transaction II  Date of Disbut	D: D547696 rsement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
MITCH MCCONNELL		X Oppose	President >	Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		52054.74	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee	_		Date of Public	: Distribution/Dissemination
EGT Printing Solutions, LLC			10	08 / 2014
Mailing Address 32031 Townley			Amount	
City	State	Zip Code		755.25
Madison Heights	MI	48071	Transaction ID  Date of Disbu	: <b>D548140</b> rsement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10	08 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District:00
GARY PETERS		Oppose	President >	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		74474.06	Disbursement For: 2014 Other (specific	Primary
(a) SUBTOTAL of Itemized Independent I	Expenditures		<b>•</b>	810.28
(b) SUBTOTAL of Uniternized Independen	nt Expenditures		•	4 4
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	10 / 17	2014
Jigilatule				

Schedule	E)		101120		PAGE 21 OF 27 FOR SE OF FORM 24/48
	OMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Workers	' Voice				C C00484287
Check if	24-hour report X 48-hour	report New repo	ort X Amends repo	ort filed on 1	0 10 2014
	e of Payee Printing Solutions, LL0			M	f Public Distribution/Dissemination
Mailing A	ddress 32031 Townley			Amoun	10 08 2014 t
City		State	Zip Code		1510.50
Madison	Heights	MI	48071		action ID : D548141  f Disbursement or Obligation
Purpose Fliers	of Expenditure		Category/ Type 004	M	10
Name of	Federal Candidate		Support	Office Sought:	: House District: 00
GARY P	ETERS		Oppose	Preside	
	endar Year-To-Date Election for Office Sought	7	74474.06	Disbursement 2014 Ott	For: Primary
	e of Payee Printing Solutions, LLC			M	f Public Distribution/Dissemination
City		State	Zip Code		755.25
Madison	Heights	MI	48071		ction ID : D548145  f Disbursement or Obligation
Purpose Fliers	of Expenditure		Category/ Type 004	М	10 08 2014
Name of	Federal Candidate		Support	Office Sought	: House District: 00
TERRI L	YNN LAND		Oppose	Preside	
	endar Year-To-Date Election for Office Sought		74474.06	Disbursement 2014 Ot	For: Primary X General her (specify) ►
(a) SUBT	OTAL of Itemized Independent	Expenditures		· [	2265.75
(b) SUBT	OTAL of Unitemized Independe	nt Expenditures		· •	7 7 7
(c) TOTAL	Independent Expenditures			•	7 7 7
with, or at		any candidate or authorized			opperation, consultation, or concert ne reporting entity is not a political
	Ms. Elizabeth H Shuler	[Electroni	ically Filed] Date	10 / I	17 2014
Signatu	ire				

Schedule E)	ENT EXICIN	STIGHTS	PAGE 22 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	New re	eport X Amends repo	ort filed on 10 10 2014
Full Name of Payee AFSCME for Michigan			Date of Public Distribution/Dissemination
Mailing Address 1625 L Street, NW			10 08 2014 Amount
Oih.	Chaha	7:- Cada	20.05
City Washington	State DC	Zip Code 20036	20.65  Transaction ID : D547702  Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	74474.06	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee AFSCME for Michigan			Date of Public Distribution/Dissemination
Mailing Address 1625 L Street, NW			10 08 2014 Amount
City	State	Zip Code	37.92
Washington	DC	20036	Transaction ID : D547703  Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10 08 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
TERRI LYNN LAND		X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	74474.06	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		. ▶ 58.57
(b) SUBTOTAL of Unitemized Independent Expe	enditures		. •
(c) TOTAL Independent Expenditures			<b>•</b>
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	10 17 2014
Olynatul <del>c</del>			

Schedule E)	INDENT EXPEND	ITOTILO	PAGE 23 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour re	port New rep	ort X Amends repo	rt filed on 10 10 2014
Full Name of Payee AFSCME for Michigan			Date of Public Distribution/Dissemination
Mailing Address 1625 L Street, NW			10 08 2014  Amount
City	State DC	Zip Code 20036	518.48 Transaction ID : D547711
Washington Purpose of Expenditure InKind Staff		Category/	Date of Disbursement or Obligation
Name of Federal Candidate		Type 001 Support	10 08 2014  Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		74474.06	Disbursement For:
Full Name of Payee AFSCME for Michigan			Date of Public Distribution/Dissemination  10 08 2014
Mailing Address 1625 L Street, NW			Amount
City Washington	State DC	Zip Code 20036	79.09 Transaction ID : D547713
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	Date of Disbursement or Obligation
Name of Federal Candidate		X Support	Office Sought: House District: 00
GARY PETERS  Calendar Year-To-Date		Oppose	President Senate State: MI  Disbursement For: Primary General
Per Election for Office Sought	<u> </u>	74474.06	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Ex	xpenditures		597.57
(b) SUBTOTAL of Unitemized Independent	Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	y candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	10 17 2014

Schedule E)	II EXI END	TIONES	<u> </u>	PAGE 24 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Workers' Voice			Cc	00484287
Check if 24-hour report X 48-hour report	New rep	port X Amends repo	rt filed on 10	10 / 2014
Full Name of Payee AFSCME for Michigan			M = M /	Distribution/Dissemination
Mailing Address 1625 L Street, NW			10 Amount	08 2014
City	State	Zip Code		101.71
Washington	DC	20036	Transaction ID Date of Disburs	
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	7	74474.06	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee	_		Date of Public	Distribution/Dissemination
AFSCME for Michigan			M M /	08 2014
Mailing Address 1625 L Street, NW			Amount	
City	State	Zip Code		518.48
Washington	DC	20036	Transaction ID  Date of Disburs	
Purpose of Expenditure InKind Staff		Category/ Type 001	10	08 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		Oppose	President X	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	74474.06	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es			620.19
				7
(b) SUBTOTAL of Unitemized Independent Expend	tures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	10 17	2014
Signature				

Schedule E)	PAGE 25 OF 27 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Workers' Voice	C C00484287			
Check if 24-hour report X 48-hour report New report X Amends report fill	ed on 10 / 10 / 2014			
Full Name of Payee AFSCME for Michigan	Date of Public Distribution/Dissemination			
Mailing Address 1625 L Street, NW	10 08 2014 Amount			
City State Zip Code Washington DC 20036	8.09 Transaction ID : D547716			
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	Date of Disbursement or Obligation  10 08 2014			
Name of Federal Candidate Support Off	ice Sought: House District: 00			
	President Senate State: MI  Subursement For: Primary General			
Per Election for Office Sought 74474.06 20	Other (specify) ▶  Date of Public Distribution/Dissemination			
Michigan Nurses Association General Account	10 08 2014			
Mailing Address 2310 Jolly Oak Road	Amount			
City State Zip Code Okemos MI 48864	Transaction ID : D547727 Date of Disbursement or Obligation			
Purpose of Expenditure InKind Staff Category/ Type 001	10 08 2014			
Name of Federal Candidate  Support  Of  GARY PETERS  Oppose	fice Sought: House District: 00  President Senate State: MI			
	sbursement For: Primary X General			
(a) SUBTOTAL of Itemized Independent Expenditures	26.93			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Elizabeth H Shuler  [Electronically Filed] Date	10 17 2014			

Schedule E)	VOLI ENDENT EXI EN	)		PAGE 26 OF 27 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 4	8-hour report New re	port X Amends repo	ort filed on 10	10 2014
Full Name of Payee Michigan Nurses Asso	ciation General Accour	nt	М = М	ic Distribution/Dissemination
Mailing Address 2310 Jolly Oak F	Road		Amount	08 2014
City	State	Zip Code		18.84
Okemos	MI	48864		ID: D547728 ursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10	08 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		X Oppose		Senate State: MI
Calendar Year-To-Date Per Election for Office Soug	ht	74474.06	Disbursement For: 2014 Other (s	Primary
Mailing Addus on	ganizing Committee/LIUNA	General Treasury	Amount	ic Distribution/Dissemination
City	State	Zip Code		76.77
Chicago	IL	60631	Transaction I  Date of Disb	D: D547732 oursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10	08 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
TERRI LYNN LAND		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Soug	ht	74474.06	Disbursement For: 2014 Other (s	Primary ⊠ General pecify) ►
(a) SUBTOTAL of Itemized Indepe	endent Expenditures		<b>•</b>	95.61
(b) SUBTOTAL of Unitemized Ind.	ependent Expenditures		<b>•</b>	7
(c) TOTAL Independent Expenditu	ıres		•	9 0
Under penalty of perjury I certify with, or at the request or suggesti party committee) any political party	on of, any candidate or authorize			
Ms. Elizabeth H Shuler	[Electro	onically Filed] Date	10 17	/ Y Y Y Y Y 2014
Signature				

Schedule E)	PAGE 27 OF 27 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER	•
Workers' Voice	C C00484287	
Check if 24-hour report X 48-hour report New	report X Amends report filed on 10 10 2014	Y
Full Name of Payee Great Lakes Regional Organizing Committee/LIUI	NA General Treasury  Date of Public Distribution/Dissemination  10 08 2014	
Mailing Address 8770 Bryn Mawr Ave, #1212	Amount	_
City State	Zip Code 76.77	
Chicago IL	60631 Transaction ID : D547733 Date of Disbursement or Obligation	_
Purpose of Expenditure InKind Staff	Category/ Type 001 10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate	Support Office Sought: House District: 00	
GARY PETERS	Oppose President Senate State: MI	_
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary Gener 2014 Other (specify) ▶	al —
Full Name of Payee USW Works	Date of Public Distribution/Dissemination	
Mailing Address FIVE GATEWAY CENTER		_
City State	Zip Code 238.47	٦
Pittsburgh PA	15222 Transaction ID : D547735 Date of Disbursement or Obligation	
Purpose of Expenditure InKind Staff	Category/ Type 001 10 08 2014	Υ
Name of Federal Candidate	Support Office Sought: House District: 00	
MARK E UDALL	Oppose President Senate State: CO	_
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X Gener 2014 Other (specify) ▶	·al
(a) SUBTOTAL of Itemized Independent Expenditures		٦
(b) SUBTOTAL of Unitemized Independent Expenditures		7
(c) TOTAL Independent Expenditures	AFOLE FO	7
(-)	15015.50	_
	tures reported herein were not made in cooperation, consultation, or concer prized committee or agent of either, or (if the reporting entity is not a political	
	ctronically Filed] Date 10 17 2014	
Signature		